DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: NICOLES ADULT FAMILY HOME (0009710)

Address: 620 4TH AVE E, DURAND, WI 54736

License Status: REGULAR

Licensed/Certified/Registered 08/01/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Compliance

Verified

Corrected

Survey ID: 0093974 End Date: 01/11/2005 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009802 Served 01/20/2005

Deficiencies Cited Subject Area

88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT

88.06(3)(f) REVIEW OF ISP

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